

## Section H Declaration by applicant

I have provided true and correct answers to the questions in this form. I understand that if false or misleading information is submitted, my application may be declined without further warning.

I understand that if this application is found to contain false or misleading information after the grant of my visa, sufficient reason may exist for me to be made liable for deportation under section 157 of the Immigration Act 2009.

I agree to tell Immigration New Zealand about any changes to my circumstances that occur after making this application.

I agree to leave New Zealand before my visa expires. If I remain in New Zealand after my visa has expired, I may be liable for deportation.

I agree that if I am not entitled to free health care in New Zealand, I will pay for any health care or medical assistance I may require in New Zealand.

I understand that if I have received immigration advice from an immigration adviser and if that immigration adviser is not licensed under the Immigration Advisers Licensing Act 2007 when they should be, Immigration New Zealand will return my application.

I understand that Immigration New Zealand may provide information about my entitlement to work to potential employers including via the online VisaView system.

I authorise Immigration New Zealand to provide information about my health and my immigration status to any health service agency. I authorise any health service agency to provide information about my health to Immigration New Zealand.

I authorise Immigration New Zealand to make any necessary enquiries about information on this form and/or accompanying documentation.

I authorise any agency whether in New Zealand or overseas, including but not limited to border or immigration agencies, education providers, financial institutions, foreign embassies, government authorities, health care providers, insurance providers, police or other law enforcement agencies, that holds information (including personal information) related to information on this application form and/or accompanying documentation to disclose that information to Immigration New Zealand.

I authorise Immigration New Zealand to provide information about my immigration status to my past, present or future education provider, including via VisaView. I authorise Immigration New Zealand to provide information about the status and outcome of my student visa application to the education provider named in this application.

If I am granted a student visa with the condition that I am accompanied by a legal guardian, I agree to live with my legal guardian. I understand that both I and my legal guardian could be made liable for deportation if this condition is not met.

If I am granted a limited visa, I agree that I will leave New Zealand on or before the expiry date of that visa. If I do not leave New Zealand, I may be immediately deported from New Zealand without the right of appeal.

If I am granted a student visa with the condition that I hold acceptable insurance, I understand the requirements regarding insurance that I have agreed to at [C20](#).

Signature of applicant \_\_\_\_\_ Date 

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Signature of parent or guardian if applicant is under 18 years of age  
\_\_\_\_\_  
Date 

|   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |
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